



# BECOMING A CHEETAH AND OTHER SURVIVAL TACTICS

In her [blog](#), *A Penned Point*, early this year, Karen Sibert, MD, president of the California Society of Anesthesiologists, asked her fellow specialists to take some time during Physician Anesthesiologists Week to celebrate the specialty's accomplishments, but also to reflect on the state of the profession today, the anesthesiologist's place in the current environment of competition and seismic change, and what being an anesthesiologist might mean 20 or 30 years from now.

"Is your group or practice running pretty much as it did 20 years ago?" Dr. Sibert asked. "If so, then my guess is that you are in for a rude awakening sometime soon. One of two scenarios may be in play: either your leadership is running out the clock until retirement and in no mood to change, or your leadership hasn't yet been able to convince your group that it can no longer practice in the same expensive, antiquated model."

She went on to note that "if the specialty of anesthesiology needs to reinvent itself—redesign what we do and how we do it—it isn't too late if we start now. The exact solutions and details of implementation will vary by location and practice setting. But inaction, and futile attempts to defend the status quo, are the biggest threats."

Though his approach differs, Mark F. Weiss, JD, of The Mark F. Weiss Law Firm, echoes Dr. Sibert's call to action in his lead article for this issue of *Communiqué*. "You must question whether your group's (and your own) current level of success and future prospects can be improved," he writes in *Why and How You Must Prepare Your Anesthesia Group for the Future*, based on his presentation at the 2018 Advanced Institute for Anesthesia Practice Management (AIAPM). "Despite your own best intentions, perhaps it's your anesthesia

group's governance structure that's holding you back." Mr. Weiss offers a diagnostic tool called The Medical Group Governance Matrix™ to help groups identify their current governance structure, with the goal of moving toward the nimble, responsive structure he uses the avatar of the cheetah to symbolize.

Reaching that point involves the willingness to let go of the need to personally control almost all aspects of a group's financial affairs—a need that in some groups is so strong that it can sabotage the group's ability to function as a true business. The result is a club, and a club does not equal a business, writes Mr. Weiss.

Also in this issue:

Kelly Dennis, MBA, of Perfect Office Solutions, Inc., whose articles you've seen here before and who led several sessions at this year's AIAPM, returns with straightforward, practical guidance in her article, *The Winning Strategy for Billing Invasive Monitoring*. Ms. Dennis emphasizes the value of open communication between the coding and billing and clinical staff to ensure that questions are answered in a timely manner. "Delayed billing while waiting for either a response or additional documentation is better than not capturing payment for your service," she notes.

Will Latham, MBA, of Latham Consulting Group, offers a comprehensive guide to planning and conducting effective anesthesia group meetings, where most of a group's most meaningful discussions, debate and decision-making typically take place. In his article, *Anesthesia Group Meetings: Madness or Method—the Choice Is Yours*, Mr. Latham recommends designating a meeting manager whose job it is to keep group members on track.

ABC Vice President Jody Locke, MA, probes the intricacies of calculating pro-

vider compensation and building a case for a new subsidy request in today's complex environment. What are reasonable benchmarks? How do you justify your request? He discusses the benefits—and limitations—of the main sources of national compensation data, and the role of geographic factors, payer mix, practice revenue potential, coverage and call requirements, income and lifestyle expectations, and a variety of other factors. "It is fundamentally about mastering the art of negotiation," he asserts. "Make your case, argue its merits, but be willing to accept and appreciate administration's goals and objectives."

Kathryn Hickner, Esq., of Kohrman, Jackson & Krantz LLP provides practical advice for buying or selling a physician practice in her timely article, *Lessons Learned: Five Tips for Buying or Selling a Practice*. Clearly define the purpose of the transaction, select transaction participants with care, develop a strong team that can be responsive and nimble during the negotiation process, rely on legal advisors and ensure terms that are clear, comprehensive and flexible.

We're looking forward with anticipation to ANESTHESIOLOGY® 2018 in San Francisco. Enjoy the rest of your summer.

Tony Mira  
President and CEO

